## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| Application or [ | Docket Number | r |
|------------------|---------------|---|
| (0/0)            | 15790         |   |
| 120 40           | 9-090         |   |

| CLAIMS AS FILED - PART (Column 1)                                            |                                                                                                                                                                                                                         |                                                 | (Column 2)                       |                       |                                 | SMALL ENTITY TYPE                   |              |                     | OTHER THAN OR SMALL ENTITY            |              |                     |                        |
|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------|-----------------------|---------------------------------|-------------------------------------|--------------|---------------------|---------------------------------------|--------------|---------------------|------------------------|
| TOTAL CLAIMS                                                                 |                                                                                                                                                                                                                         | 27                                              |                                  | (COIGHIN E)           |                                 |                                     | RATE         | FEE                 | )<br>                                 | RATE         | FEE                 |                        |
| FOR                                                                          |                                                                                                                                                                                                                         | NUMBER FILED                                    |                                  | NUMBER EXTRA          |                                 |                                     | BASIC FEE    | 370.00              | OR                                    | BASIC FEE    | 740.00              |                        |
| TOTAL CHARGEABLE CLAIMS                                                      |                                                                                                                                                                                                                         |                                                 | 27 min                           | 27 minus 20=          |                                 | • 7                                 |              | X\$ 9=              |                                       | OR           | X\$18=              | 126                    |
| INDEPENDENT CLAIMS 6 minus                                                   |                                                                                                                                                                                                                         |                                                 | nus 3 =                          | * 3'                  |                                 |                                     | X42=         |                     | OR                                    | X84=         | 252                 |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                             |                                                                                                                                                                                                                         |                                                 |                                  |                       |                                 |                                     | +140=        |                     | OR                                    | +280=        |                     |                        |
| * If the difference in column 1 is less than zero, enter                     |                                                                                                                                                                                                                         |                                                 |                                  | r "O" in c            | olumn 2                         |                                     | TOTAL        |                     | OR                                    | TOTAL        | 1118                |                        |
| CLAIMS AS AMENDED - PART II                                                  |                                                                                                                                                                                                                         |                                                 |                                  |                       |                                 |                                     |              | SMALLE              | ENTITY                                | OR           | OTHER<br>SMALL      | 1                      |
|                                                                              |                                                                                                                                                                                                                         | (Column 1)<br>CLAIMS                            |                                  | (Colu                 |                                 | (Column 3)                          | 1 1          | SMALL               |                                       |              | JMACC               |                        |
| ENT 8                                                                        |                                                                                                                                                                                                                         | REMAINING<br>AFTER<br>AMENDMENT                 |                                  | NUM<br>PREVIO<br>PAID | BER<br>OUSLY                    | PRESENT<br>EXTRA                    |              | RATE                | ADDI-<br>TIONAL<br>FEE                |              | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT                                                                    | Total                                                                                                                                                                                                                   | .27                                             | Minus                            | )                     | 7                               | =                                   |              | X\$ 9=              |                                       | OR           | X\$18=              |                        |
| AME                                                                          | Independent                                                                                                                                                                                                             | * 4                                             | Minus                            | PENDEN                | S CLAIM                         | -                                   | -            | X42=                |                                       | OR           | X84=                | ·                      |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM . +140=                       |                                                                                                                                                                                                                         |                                                 |                                  |                       |                                 |                                     |              |                     |                                       | OR           | +280≓               |                        |
| 10004                                                                        |                                                                                                                                                                                                                         |                                                 |                                  |                       |                                 |                                     |              | TOTAL<br>ADDIT, FEE |                                       | OR           | TOTAL<br>ADDIT, FEE |                        |
| 4                                                                            | (Column 1) (Column                                                                                                                                                                                                      |                                                 |                                  | mn 2)                 | (Column 3)                      |                                     | ADDII. FEE I | -                   |                                       | ADDIT. I CE. |                     |                        |
| AMENDMENT B                                                                  |                                                                                                                                                                                                                         | CLAIMS REMAINING AFTER AMENDMENT                |                                  | HIGH<br>NUM<br>PREVI  |                                 | PRESENT<br>EXTRA                    |              | RATE                | ADDI-<br>TIONAL<br>FEE                |              | RATE                | ADDI-<br>TIONAL<br>FEE |
| <b>DME</b>                                                                   | Total                                                                                                                                                                                                                   | · 26                                            | Minus                            | **                    |                                 | =                                   | 1            | X\$ 9=              |                                       | OR           | X\$18=              |                        |
| ME                                                                           | Independent                                                                                                                                                                                                             | • 5                                             | Minus                            | ***                   |                                 | =                                   |              | X42=                |                                       | OR           | X84=                |                        |
|                                                                              | FIRST PRESE                                                                                                                                                                                                             | NTATION OF M                                    | ULTIPLE DEF                      | PENDEN                | TCLAIM                          |                                     | J            | +140=               |                                       | OR           | +280=               |                        |
|                                                                              |                                                                                                                                                                                                                         |                                                 |                                  |                       |                                 |                                     |              | TOTAL               |                                       | OR           | TOTAL               |                        |
| ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) |                                                                                                                                                                                                                         |                                                 |                                  |                       |                                 |                                     |              |                     |                                       |              |                     |                        |
| AMENDMENT C                                                                  |                                                                                                                                                                                                                         | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |                                  | PREV                  | HEST<br>MBER<br>IOUSLY<br>) FOR | PRESENT<br>EXTRA                    |              | RATE                | ADDI-<br>TIONAL<br>FEE                |              | RATE                | ADDI-<br>TIONAL<br>FEE |
| Š                                                                            | Total                                                                                                                                                                                                                   | •                                               | Minus                            | **                    |                                 |                                     | 4            | X\$ 9=              |                                       | OR           | X\$18=              |                        |
|                                                                              | Independent                                                                                                                                                                                                             | <u>  •                                     </u> | Minus                            | ***                   |                                 | <u> -</u>                           |              | X42=                | · · · · · · · · · · · · · · · · · · · | OR           | X84=                |                        |
|                                                                              | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                          |                                                 |                                  |                       |                                 |                                     | J            |                     |                                       |              |                     |                        |
|                                                                              | If the entry in colu                                                                                                                                                                                                    | ımn 1 is less than (                            | the entry in col                 | umn 2, wri            | te "O" in co                    | olumn 3.                            |              | +140=               |                                       | OR           | +280=               |                        |
|                                                                              | If the "Highest Nu                                                                                                                                                                                                      | imber Previously F<br>imber Previously F        | Paid For IN TH<br>Paid For IN TH | IS SPACE              | is less the                     | an 20, enter "2<br>an 3, enter "3." | •            | ADDIT. FEE          | L                                     | OR           | ADDIT. FEE          |                        |
|                                                                              | ***If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                 |                                  |                       |                                 |                                     |              |                     |                                       |              |                     |                        |